Attachment J - NHCS ED Patient Record form (04/10/2012)

Ambulatory Care Pretest, National Hospital Care Survey | **OMB No. 0920-xxxx Exp. Date**

Assurance of confidentiality - All information which would permit idenitification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

1. PATIENT INFORMATION

Patient's name | **Patient's SS#** | **Patient's Control number**

Patient's residential address: Street | **City** | **State**

Patient's medical record number | **Medicare health insurance benefit/claim number**

National Provider Identifier (NPI) - Attending | **National Provider Identifier (NPI) - Operating**

a. Date and Time of Visit

Date Time

(1) Date of arrival

(2) Seen by MD/DO/PA/NP

(3) ED Departure, if released (i.e., patients who do not have a disposition of admit to hospital, admit to observation unit, or transfer)

b. Patient Residence

1 Private residence
2 Institution
Nursing home
Supportive housing/Group home
Jail/Prison
Other
3 Homeless/Homeless shelter
4 Other
5 Unknown

c. ZIP Code

d. Date of Birth

Month Day Year

Age Enter time period 1 Years 2 Months 3 Days

e. Sex

1 Female
2 Male

f. Ethnicity

1 Hispanic or Latino
2 Not Hispanic or Latino

g. Race

1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native

h. Mode of Arrival

1 Ambulance
2 Police transport
3 Other
4 Unknown

i. Expected source(s) of payment for this visit

Mark all that apply.

Private insurance
TRICARE
Medicare
Medicaid or CHIP
Worker's compensation
Self-pay
No charge/Charity
Other
Unknown

2. TRIAGE

a. Initial vital signs

(1) Temperature — Celsius / Fahrenheit

(2) Heart rate/Pulse — beats per minute

(3) Respiratory rate — breaths per minute

b. Triage level (1-5 , 0= No triage, 9= Unknown)

(4) Blood pressure — Systolic / Diastolic

(5) Pulse oximetry — %

(6) On oxygen at arrival — 1 Yes, 2 No, 3 Unknown

998= P, PALP, DOPP, DOPPLER

c. Pain scale (0-10, 99= Unknown)

3. PREVIOUS CARE

a. Was patient seen in *this* ED in the last 72 hours and discharged? Yes (1) No (2) Unknown (3)

4. REASON FOR VISIT

a. Enter the patient's presenting complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words. Enter the "most important" complaint/symptom/reason first. Enter 0 for None/No more.

b. Episode of care

(1) Most important: Look-up 1

Source of principal reason for visit

1 In patient's own words 2 Other 3 Unknown

(2) Other: Look-up 2

(3) Other: Look-up 3

(4) Other: Look-up 4

1 Initial visit to this ED for problem
2 Follow-up visit to this ED for problem
3 Unknown

Attachment J - NHCS ED Patient Record form (04/10/2012)

5. INJURY/OVERDOSE/POISONING/ADVERSE EFFECT

a. Is this visit related to an injury, overdose, poisoning, or adverse effect of medical or surgical treatment?

- 1 No - SKIP to Item 6
- 2 Yes, injury/trauma
- 3 Yes, poisoning[1] (non-drug toxic substance)
- 4 Yes, poisoning (drug-induced overdose)
  - (a) Medication
  - (b) Illicit substance
  - (c) Unknown
- 5 Yes, adverse effect of medical or surgical treatment
  - (a) Medication involved
  - (b) No medication involved - *SKIP to Item 5c*
  - (c) Unknown
- 6 Unknown - SKIP to Item 6

b. Is this injury/overdose/poisoning intentional?

- 1 Yes, intentional
  - (a) Self-inflicted
    - (1) Suicide attempt
    - (2) Self-harm or suicide gesture
  - (b) Intentional harm by another person
- 2 No, unintentional (e.g., accidental)
- 3 Unknown intent

c. Cause of injury, poisoning by drug or non-drug toxin, drug-induced illness, or adverse effect - Describe the place and events that preceded the injury (e.g., pedestrian struck by car driven on highway by drunk driver - for motor vehicle crash, indicate if it occurred on the street or highway versus a driveway or parking lot); poisoning by drug (e.g., injected heroin at nightclub restroom and overdosed) or non-drug toxin (e.g., child swallowed bleach at home); or adverse effect (e.g., developed swelling of the throat after taking Celebrex). Enter the primary cause on the first line, followed by the contributing causes. Up to 5 causes may be entered. (Will add dropdown menu.)

6. SUBSTANCES INVOLVED / ROUTE OF ADMINISTRATION

Did any substance(s) (e.g., illicit drugs, inhalants, prescription or OTC medications, dietary supplement) cause or contribute to this visit? 1-Yes 2-No (Skip to item 7) 3-Unknown (Skip to item 7). Enter all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the visit.

Alcohol involved?	Yes	No/Not documented
(1)_____		
(22)_____		

Will add dropdown menu with DAWN DRV.

Mark if confirmed by toxicology report

Enter all that apply; patient took:

- Own prescription/OTC medication or dietary supplement
- Prescription medication not prescribed for patient
- Prescription/OTC medication as prescribed or according to directions
- Too much of a prescription/OTC medication or dietary supplement
- Illict drug(s)
- Not documented

Route of Administration

- 1 - Oral
- 2 - Injected
- 3 - Inhaled, sniffed, snorted
- 4 - Smoked
- 5 - Transdermal
- 6 - Other
- 7 - Not documented

7. PROVIDER'S DIAGNOSIS FOR THIS VISIT

a. As specifically as possible, enter up to 20 diagnoses related to this visit, including chronic conditions. ***(verbatim and codes)***

(1) Primary diagnosis:

Look-up 1

Will add drop-down menu so that the abstractor is able to record as many diagnoses as recorded by the UB-04 for the pre-test

b. Does patient have - Mark all that apply.

- 1 Cancer
- 2 Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)
- 3 Chronic obstructive pulmonary disease (COPD)
- 4 Conditions requiring dialysis
- 5 Congestive heart failure (CHF)
- 6 Dementia
- 7 Diabetes
- 8 History of heart attack or myocardial infarction (MI)
- 9 History of pulmonary embolism (PE) or deep vein thrombosis (DVT)
- 10 HIV infection/AIDS
- 11 Mental illness or episode2
  - Bipolar disorder/Manic depression
  - Depression, excluding manic depression
  - Schizophrenia
  - Suicidal ideation
  - Other
- 12 Substance abuse, misuse, or dependence
- 13 Not documented

8. DIAGNOSTIC SERVICES

Mark all ORDERED or PROVIDED at this visit.

- 1 NONE

Blood tests:

- 2 ABG (Arterial blood gases)

Other tests:

- 17 EKG/ECG
- 18 HIV test

Imaging:

- 29 MRI
- 30 Ultrasound

9. PROCEDURES

Mark all procedures PROVIDED at this visit. Exclude medications.

- 1 NONE
- 2 BiPAP/CPAP
- 3 Bladder catheter

Attachment J - NHCS ED Patient Record form (04/10/2012)

3	BAC (Blood alcohol concentration)	19	Influenza test		Performed by:	4	Cast, splint, or wrap
	______ %	20	Pregnancy/HCG test				
4	Blood culture	21	Toxicology screen		Emergency Physician	5	Central line
5	BNP (brain natriuretic peptide)	22			Other	6	CPR
6	BUN/Creatinine		Urinalysis (UA) or urine dipstick		Unknown	7	Endotracheal incubation
7	Cardiac enzymes (CE)	23	Urine culture	31	Other imaging	8	Incision & drainage
8	CBC (Complete blood count)	24	Wound culture				(I&D)
9	D-dimer	25	Other test/service			9	IV fluids
10	Electrolytes		**Imaging:**			10	Lumbar puncture
11	Glucose	26	X-ray			11	Nebulizer therapy
12	Lactate	27	Intravenous contrast			12	Pelvic exam
13	Liver function tests (LFT)	28	CT scan			13	Physical restraint
14	Prothrombin time/INR		Abdomen/pelvis			14	Psychiatry/Psychology/ Substance abuse consult[3]
15	Other blood test		Chest			15	Skin adhesives
	Other tests:		Head			16	Suturing/Staples
16	Cardiac monitor		Other				
						17	Other

Attachment J - NHCS ED Patient Record form (04/10/2012)

10. MEDICATIONS & IMMUNIZATIONS

Enter up to 12 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics.

	NONE	Given in ED	Rx at discharge
(1)		1	2
(2)		1	2
(3)		1	2
(4)		1	2
(5)		1	2
(6)		1	2
(7)		1	2
(8)		1	2
(9)	_____	1	2
(10)	_____	1	2
(11)	_____	1	2

11. PROVIDERS

Mark all providers seen at this visit.

1	ED attending physician
2	ED resident or Intern
3	Consulting physician → Specialty of consulting physician
4	RN/LPN
5	Nurse practitioner
6	Physician assistant
7	EMT
8	Psychologist
9	Social worker
10	Other mental health provider
11	Other provider

1 Anesthesia
2 Critical care
3 ENT (Otolaryngology)
4 Hematology/Oncology
5 Palliative care
6 Psychiatry
7 Other specialty
8 Unknown

12. VISIT DISPOSITION

Mark all that apply.

1	No follow-up planned
2	Return to ED
3	Return/Refer to physcian/clinic for
	Outpatient mental health/
	Substance abuse treatment
	Other follow-up
5	Left before triage
6	Left after triage
7	Left AMA
8	DOA
9	Died in ED
10	Return/Transfer to nursing home
11	Return/Transfer to jail/prison
12	Transfer to acute 24-hour behavioral health care facility
	Psychiatric inpatient treatment
	Involuntary status
	Voluntary status
	Not documented
	Substance abuse treatment facility
13	Transfer to other non-psychiatric hospital → Reason for transfer
14	Admit to this hospital - SKIP to Item 13
15	Admit to observation unit then hospitalized - Skip to item
16	Admit to observation unit then discharged - *SKIP to **Item 14***
17	Other

1 Continuity of care; Request by patient, family, or physician
2 Higher level or specialized care needed
3 Pediatric hospital needed
4 Insurance requirement/request
5 Other/Insufficient information available

Attachment J - NHCS ED Patient Record form (04/10/2012)

13. ADMISSION TO THIS HOSPITAL

a. Admitted to:

1 Critical care unit
2 Stepdown unit
3 Operating room
4 Mental health or detox unit[4]
5 Cardiac catheterization lab
6 Other bed/unit
7 Unknown

b. Admitting physician:

1 Hospitalist
2 Not hospitalist
3 Unknown

c. Date and time bed was requested for hospital admission or transfer

Date Time

d. Date and time patient actually left the ED or observation unit

Date Time

e. Hospital discharge date

Date

f. Hospital discharge diagnosis

1 Principal
2 Secondary

g. Hospital discharge status/disposition

1 Alive
2 Dead - SKIP to END
3 Unknown -SKIP to

1 Home/Residence
2 Return/Transfer to nursing home
3 Transfer to another facility (not usual place of residence)
4 Return/Transfer to jail/prison
5 Other
6 Unknown

14. OBSERVATION UNIT STAY

a. Date and time of ED discharge

Date Time

1 Unknown

b. Date and time of observation unit discharge

Date Time

1 Unknown

Notes:

1 "Poisoning (non-drug toxic substance)" is defined as ingestion (e.g., bleach), inhalation (e.g., carbon monoxide), absorption through the skin (e.g., mercury), or injection of too much of a non-drug toxin (biologic or non-biologic) or other chemical where a harmful effect results. This category does not include any harmful effects from any drug or bacterial illnesses.

2 "Mental illness or episode" includes not only those visits by a patient with a known diagnosis of mental illness (e.g. depression, schizophrenia), but those presenting with psychiatric symptoms not previously manifest or diagnosed (e.g., acute paranoia, hallucinations).

3 "Psychiatry/Psychology/Substance abuse consult" includes terms such as mental health status exam, mental health exam, behavioral health assessment, etc.

4 "Mental health or detox unit" refers to any specialized unit serving patients with mental, psychological, or behavioral health problems and/or addictions or substance use/misuse.